

BEST AVAILABLE COPY

10/542725

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2								52					
3	/	2						53					
4		8						54					
5		8						55					
6								56					
7		9						57					
8		9						58					
9								59					
10								60					
11								61					
12								62					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			2					TOTAL IND.					
TOTAL DEP.			13					TOTAL DEP.					
TOTAL CLAIMS			15					TOTAL CLAIMS					